Balance Model and Patient Safety

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Abstract Improving patient safety has been largely focused in recent years. Medical-related errors have been pointed as the leading cause of death and injury in the United States[1]. One of the causes of medical error is impaired information transfer and communication. The purpose of this study is to use balance theory to better understand how information is transferred between patients and health care providers and the interactions among balance theory elements at the ambulatory surgery settings. Results can be used to improve information transfer and communication processes.

Background. Medical errors have been identified as the leading cause of death and injury in the United Sates; it also costs the nation billions of dollars[1]. Studies on patient safety have largely been focused on inpatient settings, serious medical errors, or drug-related complications[2]. Knowledge about the transfer of information between patients and health care providers and the communication process at the ambulatory surgery settings are limited. Applying human factors research in the health care system and related issues has been suggested[1, 3, 4, 5]. Balance theory[6, 7] (Fig.1) was used to structure the data collection method.

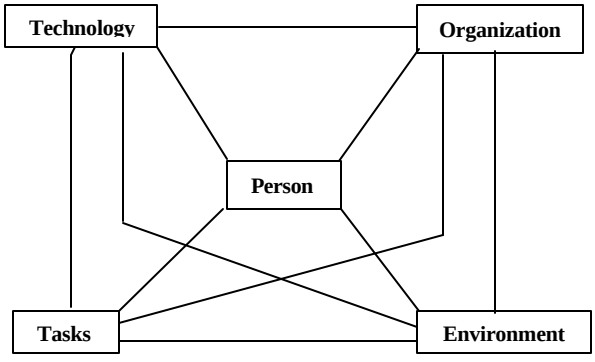

Figure 1. Balance Theory model.

Methodology. Patient shadowing was used to observe the clinical activity and information flow between patient and health care providers. Four ambulatory surgery centers in the Midwest urban area were participated in this study. The medical and/or administrative director of each unit, in conjunction with the participant's surgeon, identified the patient. To eliminate any difficulties in communication, only individuals who speak fluent English were eligible to participate in this study. Shadowing occurred from the point of intake to discharge from the ambulatory surgery unit. Trained research personnel used the balance model instrument to record their observations. Content analysis was applied to analyze the data.

Results. Preliminary results indicated that information transfer and communication traffic are very high in the pre-op stage between patients and their health care providers. Categories include patient identification, side and type of surgery, pre-op assessment and procedure and process explanations. Certain types of post-op care instructions (e.g. crutch walking) were not clear or should be provided prior to the day of surgery. The final report will be demonstrated in the poster session.

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